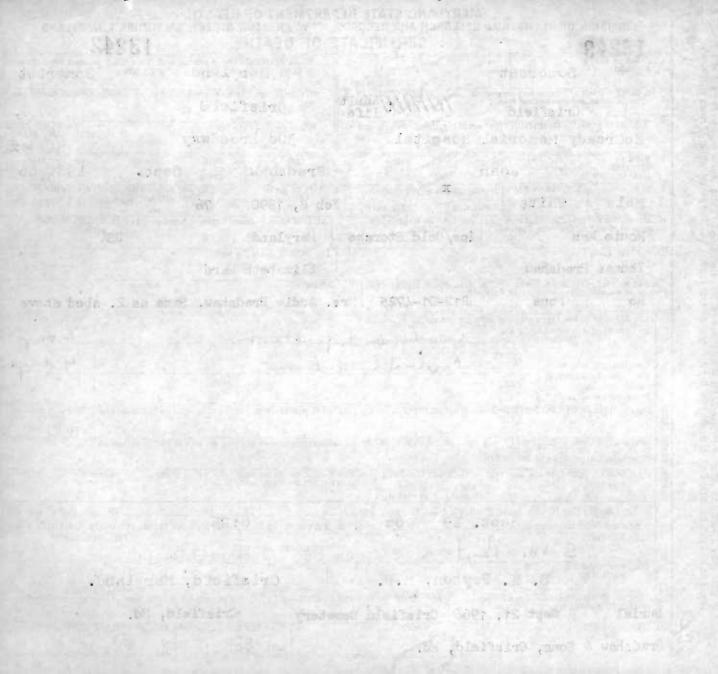
20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) b. CDUNTY SOMERSET MARYI AND Department after death. e funeral b. CITY OR TOWN (If outside corporate limits, c. LENGTH DF STAY IN 1b c. CITY DR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) Cris field d. NAME OF HDSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? EXAMINER: This certificate should be executed within 24 hours after death. If any delay me certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 12 South 4th St. State Nours Rt. 13 YES NO NAME DE First Year Middle DATE Month DECEASED 12章 1966 15 Charles Sept. Hearm (Type or print) DEATH **美**達 6. COLOR OR RACE | 7. MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED last birthday) Months M 1880 Negro WIDOWED A DIVORCED | and sevent 10a. USUAL OCCUPATION (Give kind of work done) during most of working life, even if retired) 12. CITIZEN OF WHAT 10b, KIND DF BUSINESS OR 11. BIRTHPLACE (State or foreign country) INDUSTRY COUNTRY? Crisfield Md. aberer grecery pages 1 in any 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Sally Wilson Daniel Hearn File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give war or dates of service) permit. Crisfield Md. John Hearn INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] burial-transit PART I. DEATH WAS CAUSED BY: Cardiac Failure Minutes IMMEDIATE CAUSE (a) DUE TO Hypertensien Conditions, If any, which (b) geve rise to immediate DUE TO cause (a), stating the 0 used as a to burial, underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) WAS AUTOPSY CERTIFICATION PERFORMED? should be 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1) of Item 18.) 3 shoul MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour e.m. Not While CTOR: Page designated et work at work and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy **D** Inquiry Inspection FUNERAL DIRECTOR: Undetermined manner death resulted from: Natural causes X. Suicide Homicide Accident CHIEF MEDICAL EXAMINER for your Page , ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 0 DEPUTY MEDICAL EXAMINER Sept. Dames Quarter Md.
Address (Street, City, town, or county) **EXAMINER'S** director. retained Everett Sutter NAME (Type) (State) BURIAL, CREMATION. 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LDCATION (City, town or county) 23c. REMOVAL (Specify) 0 Asbury Crisfield Burial Sept Md. 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS Crisfield Md. VR ALSME (5) Anthony E. Ward 1/65

to agens 2 bfoll elto .da worl dages SI 6. Charles S, Hearn Sapt. Mary 15 1880 86 Megre - Treil the blassess Indoors recogni monfilw wilnes Deniel Hearn John Serre Cristieldeld Cardias Pailure COSTILLE. malt methody a Demen Duarber Md. 2009. d. 6 THE TATION STOREYE of the late of the Hurlal Seet 19 1956 Asbury Anthony H. Mard Crististic Mc.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEA	TH	ı

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14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME Cecelia Elizabeth Maddox	chool ch	ng life, even if retired)								
Harrison B. Johnson Sr Cecelia Elizabeth Maddox	3. FATHER'S NAME	20 70 00					10	<u> </u>	SA.	
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William H James 3rd, Princess Anne DATE SEP 20 1866 Mclarles Judge	PRIMARY Or COICAUSE OF DEATH. 20c. TIME OF INJUITED THE COICE OF DEATH. 21. I certify the deoth resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type) BURIAL, CREMATIC REMOVAL (Specify) FUNERAL DIRECTOR	RY Month, Day, Yea 9-10-6619 hat I took chorge Herom: Natural of Everett ON, 22b. DATE THEREO 9-17-66	got r 20d. In While of wor of the recouses Sutt	in deep wat NURY OCCURRED 200. PL Not while at work properties at white properties at work properties at white properties at white properties at work properties at white properties	ACE OF INJURY (Home, forcy, street, office bldg., Pural ove, held on Autoicide , Homici ASSISTANT MED DEPUTY MEDICAL REMATORY SLey, Manok	ond and orn, 20f. (City of etc.) Psy , Inside , Und L EXAMINER DICAL EXAMINER AL EXAMINER 22d. LOCATION EC'D BY REGISTR.	d could: stover spection : determined could ON (City, lown, on Manokin AR 246. REGIS	Inquiry ause	N3m Somer Ond DATE (Sto	(State)

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Maryland Somerset Wicomico MARYLAND the funeral 5 may be Department after death. b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pittsville Few hours Crisfield d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? ay 3 to Page State hours DOA McCready Memorial Hospital Rural NO X YES and and NAME DE First Middle 4. DATE Month Year Last Day DECEASED the 1966 P. an (Type or print) CHARLES LEAMON PARKER DEATH September 12, 2 with within 5. SEX 6. COLOR OR RACE | 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) Months Hours Male White Dec 31, 1924 WIDOWED DIVORCED event 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT after d during most of working life, even if retired) INDUSTRY COUNTRY? Forests & Parks Park Ranger -Maryland USA pages I in any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME in Item 18. Willis Parker Marian Davis File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service)
Yes | WW 2, Navy permit. removal, 218-09-6845 EXAMINER: This certificate should be executed within the certificate, writing the word "pending" in pencil is should be forwarded to the Chief Medical Examiner's Alice T. Parker, Same as 2. abcd above INTERVAL BETWEEN ONSET AND DEATH CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: burial-transit cremation, or Coronary thrombosis, acute approx. IMMEDIATE CAUSE (e) cremation, hours DUE TO Conditions, If eny, which (b) gave rise to immediate DUE TO (a), steting the Q underlying cause last. used as to burial PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CATION PERFORMED? YES X NO F 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) o be CERTIF 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. should lent, pri MEDICAL TIME OF INJURY Month, Day, Year I 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) 38 Hour a.m. Not While While CTOR: Page designated at work at work 21. I certify that I took charge of the remains described above, held an Autopsy inspection Inquiry and in my opinion FUNERAL DIRECTOR: Natural causes Undetermined manner death resulted from: Accident Suicide Homicide CHIEF MEDICAL EXAMINER Your 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER DEPUTY MED SIGNATURE for 0 9/15/66 DEPUTY MEDICAL EXAMINER TO G. Rawley, M. Health EXAMINER'S director. retained Address (Street, city, town, or county) Crisfield, Maryland NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 0 Sept 15, 1966 Grace Cemetery Pittsville, Maryland REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR liarles 1966 VR ALSME (5) Hill Funeral Home, Salisbury, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. CDUNTY SOMERSET YORK MARYLAND MAINE funeral the State Department 72 hours after death. b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND NEAR POCOMOKE.MD. ELOIT d. NAME OF HDSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? irs after death. If any delay list Give Pages 1, 2, and 3 to along with form PM3. Page ON 11.5 YES ND 3. NAME OF Firat Middle Year Last 4. DATE Month Day DECEASED (Typa or print) EDWIN N. TITUS 66 DEATH 19 SEPT 2 with within 5. SFX 6. COLDR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS | Hours | Min. 7. MARRIED NEVER MARRIED WHITE MALE WIDDWED 7 DIVDRCED and 10a. USUAL OCCUPATION (Giva kind of work done during most of working life, even if retired)

10b. KIND DF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.NAVAL U.S.A YORK. MAINE EXAMINER: This certificate should be executed within 24 hours at the certificate, writing the word "pending" in pencil in Item 18. should be forwarded to the Chief Medical Examiner's Office alon files. 13. FATHER'S NAME MOTHER'S MAIDEN NAME RALPH TITUS MARGARET LEVENSALEI File 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 17. INFORMANT 16. SOCIAL SECURITY ND. Addreas (Yes, no, or unkown) | (If yes give war or dates of service) permit, I 004-36-1985 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation, or DUE TO Conditions, If any, which (b) gava rise to immediata DUE TO cause (a), stating the 0 used as a to burial, underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED? CERTIFICATION YES ND Z 3 should be agent, prior t 2Da. EXTERNAL CAUSE WAS PRIMARY For CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HDW INJURY DCCURRED, (Enter nature of Injury in Part 1 or Part II of Item 1B.) MEDICAL 20c. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED 2De. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) 2Df. (City or town) (County) (State) Hour a.m. While Not While at work Not While Oranhac FUNERAL DIRECTOR: Page I Health or its designated 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and In my opinion Undetermined manner death resulted from: Natural causes Accident 4. Suicide Homicide CHIEF MEDICAL EXAMINER for your please execute director. Page retained for you ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE OEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 23d. LDCATION (City, town or county) BURIAL, CREMATION. 23b. OATE THEREDE NAME OF CEMETERY OR CREMATORY (State) 23a. REMOVAL (Specify) Jo 0 9 ELIOT. MAINE 66 MT.PLEASANT 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE PRINCESS ANNE. MD. VR ALSME (5) LEVIN R. WILSON 1/65

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